

Newly Eligible Part-Time Local 587 Employee's Plan 1 Benefits Guide

Welcome to King County!

Here's your new-hire packet, including this guide to Plan 1 benefits with enrollment forms (pages 19-22) and your Washington State Public Employees' Retirement System (PERS) handbook and enrollment form. Please review this information with your family. If you have questions, check www.metrokc.gov/ohrm/benefits or contact the other resources listed in the Resource Directory (pages 17-18).

If you decide to enroll for Plan 1 benefits, complete and return your enrollment forms within 30 days of your qualification date. If your forms are not returned within 30 days, you won't be able to enroll for Plan 1 benefits again until the next open enrollment.

You're not immediately eligible for PERS, but must enroll when you qualify. Your enrollment form is kept on file until you become eligible for PERS by working 70 hours in each of five different months. When this occurs, your form is forwarded to the Department of Retirement Systems, you're notified and provided a PERS beneficiary designation form to return to DRS. **Complete and return your PERS enrollment form when you qualify.**

Return Plan 1 and PERS enrollment forms to: Benefits & Well-Being
Yesler Building YES-HR-0500
400 Yesler Way
Seattle WA 98104-2683

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



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Plan 1, 2 and 3 Overview

There are three benefit plans available to part-time Local 587 employees. The following information is provided to help you understand the basics of each plan and how they work together. You're provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

† Plan 1

You become eligible for Plan 1 the first of the month following your hire date (the day after you qualify) or the first of the month you're hired if your hire date is the first of the month.

Under Plan 1 you may self-pay for:

- ? Health (medical, dental and vision) coverage for yourself and family members
- ? Basic life insurance (\$20,000) for yourself.

† Plan 2

You become eligible for Plan 2 when you:

- ? Pick a work assignment of at least four hours per day for a shake-up or
- ? Receive at least 338 paid hours in a four-month qualifying period prior to the start of the shake-up (four-month qualifying periods are January-April, April-July and September-December).

Plan 2 benefits become effective for specific benefit-eligible periods beginning 45 to 60 days after the start of the shake-up. Benefit-eligible periods are:

- ? April 1-July 31 (four months) for the shake-up that usually begins in February
- ? August 1-October 31 (three months) for the shake-up that usually begins in May or June
- ? November 1-March 31 (five months) for the shake-up that usually begins in September.

Once you've enrolled, Plan 2 coverage extends for additional benefit-eligible periods as long as you continue to meet eligibility requirements.

Under Plan 2 you receive county-paid:

- ? Health coverage for yourself and family members
- ? Basic life (\$25,000), accidental death and dismemberment (AD&D/\$25,000) and long term disability (LTD/180-day waiting period) insurance for yourself.

You may also self-pay for enhanced:

- ? Life for yourself (\$25,000, \$50,000, \$75,000 or \$100,000)
- ? Life for your family (spouse/domestic partner 50% of your enhanced amount, children \$5,000)
- ? AD&D for yourself (\$50,000 to \$500,000, in \$50,000 increments)
- ? AD&D for your family (spouse/domestic partner 50% or 100%, children 10% of your enhanced amount)
- ? LTD for yourself (reducing the basic 180-day waiting period to 90 days).

† Plan 3

If you lose eligibility for Plan 2, you become eligible to self-pay to continue coverage under Plan 3. Under Plan 3 you receive the same county-paid basic life (\$25,000), AD&D (\$25,000) and long term disability insurance (180-day waiting period) you had under Plan 2, but must self-pay if you choose to continue:

- ? Medical, dental and vision coverage for yourself and family members
- ? Any of the enhanced life, AD&D or LTD you had under Plan 2.

If you continue self-paid coverage under Plan 3, you must keep the same:

- ? Medical plan you had under Plan 2 (unless the Plan 2 to Plan 3 change occurs during open enrollment)
- ? Premium payment plan you were enrolled in for the calendar year (if you self-paid for previous coverage).

Plan 1: Eleven Key Points

1. You may purchase medical, dental, vision and \$20,000 basic life insurance for yourself. King County pays a portion of your medical, dental and vision premiums, but you pay the full cost of the life insurance. If you elect medical, dental and vision coverage for yourself, you may cover eligible family members under the same plans. You pay the full cost of family coverage.
2. You may elect any combination of health plans (medical, dental and vision) with one exception: you must purchase medical to purchase dental; you can't purchase dental coverage by itself.
3. If you don't elect \$20,000 basic life insurance for yourself when you first enroll, you may not add it again until 2003 open enrollment for 2004.
4. If you don't return your enrollment forms (pages 19-22) **within 30 days of your qualification date**, you won't be able to enroll for Plan 1 benefits again until the next open enrollment.
5. You can have premiums for Plan 1 benefits deducted from your regular monthly paychecks before or after federal income and Social Security taxes are withheld. If you move among Plans 1, 2 and 3 during the year, the premium payment plan you choose for the calendar year remains in effect through the end of the year.
6. If you elect Plan 1 benefits, coverage begins the first of the month following the day after you qualify. If the day after you qualify is the first of the month, coverage begins the first of that month. It can take several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your card within 30 days, please contact the plan. If you have difficulty getting services, please contact Benefits & Well-Being.
7. To keep costs down, all plan information and booklets are posted at www.metrokc.gov/ohrm/benefits, but hard copies will be mailed to you if you make the request on your enrollment form.
8. Open enrollment every October lets you change coverage effective the following January. However, if you first enroll for benefits in October, November or December, you're not eligible for that year's open enrollment and the coverage you elect remains in effect through the following year. During open enrollment you may:
 - ? Change medical plans
 - ? Add eligible family members not previously covered
 - ? Elect coverage (except life insurance) if you've previously declined or dropped it.
9. Any time between open enrollments you may:
 - ? Elect coverage if you had coverage through another employer but lose it (if other coverage is COBRA, it must be exhausted)
 - ? Drop coverage or family members from coverage with appropriate documentation if you pay your Plan 1 premiums after-tax (if you pay before-tax, you may only drop coverage due to a qualifying change)
 - ? Add eligible family members for coverage if you have a qualifying event. For example:
 - Birth or placement for adoption of a child
 - Qualified Medical Child Support Order
 - Placement of a foster child
 - Significant change in your spouse/domestic partner's coverage through his/her employment
 - Marriage or establishment of a domestic partnership
 - ? Request continuation of coverage for a child currently enrolled in county benefits past age 23 if the child is chiefly dependent on you for support and maintenance and becomes incapacitated due to a developmental or physical disability before turning 23.
10. You must notify Benefits & Well-Being within 60 days of a qualifying event to change coverage. Otherwise, you may have to wait until the next open enrollment. Get forms at www.metrokc.gov/ohrm/benefits.
11. Questions? Refer to the resources listed in the Resource Directory (pages 17-18).

Benefits to Consider Within 30 Days of Your Qualification Date

If you decide to enroll for Plan 1 benefits you must submit enrollment forms (pages 19-22) to Benefits & Well-Being **within 30 days of your qualification date.**

For more details about any of the benefits, including exclusions, limitations or preauthorization requirements, refer to the plan booklets available at www.metrokc.gov/ohrm/benefits or contact the other resources listed in the Resource Directory (pages 17-18).

† Medical

You have five options for medical coverage. The option you select is the option your family members receive if you cover them, too.

Generally, the plans on the left in the following tables offer a greater selection of covered providers but lower benefit levels. Plans on the right offer higher benefit levels but less selection of covered providers.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Provider choice	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when your PCP* coordinates or provides your care	Your PCP* coordinates or provides all of your care	Your choice of Virginia Mason or Group Health providers; your PCP* coordinates or provides all care within their network
Annual deductible	\$250/person; \$750/family	\$50/person; \$150/family	None	None	None
Annual out-of-pocket maximum/person	\$800 network; \$1,600 non-network	\$400 network; \$1,200 non-network	\$0 network; \$1,600 non-network	\$0 network; no coverage non-network	\$1,000 network; no coverage non-network
Lifetime maximum	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit
Alternative care	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit for specific services; PCP referral required
Chemical dependency treatment	80% network; 60% non-network; \$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)	100% network; 70% non-network; \$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)	100% Behavioral Health-directed; 60% self-directed; \$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)	100% (Behavioral Health must refer); \$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)	100% for inpatient; 100% after \$10 copay/visit for outpatient; \$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)

* PCP means your primary care physician.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Chiropractic care (as with most other benefits, must be medically necessary)	80% network; 60% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	90% network; 70% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	100% after \$10 copay/visit PCP-referred; 100% after \$20 copay/visit self-directed network or non-network; up to 33 self-directed visits/yr	100% after \$10 copay/visit; must use network provider	100% after \$10 copay/visit; must use network provider
Circumcision	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%
Durable medical and diabetic equipment (prior approval required)	80%	80%	80% PCP-directed; 50% self-directed	100%	80%
Emergency care (in an emergency room)	80% after \$50 copay/visit (waived if admitted)	90% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit -- waived if admitted to a network facility (changes 1/1/02 to 100% after \$75 copay/visit at a network facility -- waived if admitted; \$125 copay/visit at a non-network facility)
Emergency care while traveling	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider
Hospital care	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed	100%	100%
Infertility	80% network; 60% non-network; limited to specific services and \$25,000 lifetime max	90% network; 70% non-network; limited to specific services and \$25,000 lifetime max	Not covered	Not covered	Not covered

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Lab, x-rays and other diagnostic testing	80% network; 60% non-network	90% network; 70% non-network	100%	100%	100%
Massage therapy (as with most other benefits, must be medically necessary)	80% network; 60% non-network; physician prescribed only (after 20 visits Aetna reviews)	90% network; 70% non-network; physician prescribed only (after 20 visits Aetna reviews)	100% after \$10 copay/visit network; 100% after \$20 copay/visit non-network; PCP referral required	100% after \$10 copay/visit; PCP referral required; must use network provider	100% after \$10 copay/visit; PCP referral required; must use network provider
Mental health care – inpatient	80% network; 60% non-network; up to 30 days/yr	90% network; 70% non-network; up to 30 days/yr	100% (Behavioral Health must refer); 60% self-directed; up to 30 days/yr	100% up to 30 days/yr (Behavioral Health must refer)	80% up to 12 days/yr
Mental health care – outpatient	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (Behavioral Health must refer); 50% up to 9 visits/yr self-directed	100% after \$10 copay/visit, up to 30 visits/yr (Behavioral Health must refer)	100% after \$20 copay/individual, family or couple for each visit and \$10 copay/group session (up to 20 visits/yr)
Out-of-area coverage for your children away at school	Same benefits you receive at home, through Aetna's national provider network	Same benefits you receive at home, through Aetna's national provider network	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	In E and SW WA and N OR care is available through associated HMOs; in all other areas only emergency care is covered
Physician and other medical and surgical services**	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed; 100% after \$20 copay/visit self-directed	100% after \$10 copay/visit	100% after \$10 copay/visit
Prescription drugs – network (must use participating pharmacies)	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply

** Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy (including lymphedema). Call the medical plan for more information.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
Prescription drugs – mail order	100% after \$10 copay/100-day supply	100% after \$10 copay/100-day supply	100% after \$10 copay/90-day supply	100% after \$10 copay/90-day supply	100% after \$5 copay generic or \$10 copay brand name; 30-day supply
Preventive care (such as routine exams and immunizations)	100% network; 60% non-network	100% network; 70% non-network	100% after \$10 copay/visit PCP-directed; not covered self-directed	100% after \$10 copay/visit	100%
Skilled nursing facility	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed; up to 100 days/yr	100% up to 100 days/yr	100% (when pre-authorized)
Smoking cessation -- sessions	80% network; 60% non-network; \$500 lifetime max	90% network; 70% non-network; \$500 lifetime max	100% after \$20 copay/network program (copay increases to \$50 1/1/02)	100% after \$20 copay/network program (copay increases to \$50 1/1/02))	100% network provider; 1 program/yr max
Smoking cessation -- nicotine replacement	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% or \$5 copay/30-day supply (whichever is less) for network program

† Monthly Cost of Medical

Health Plan	You Only	You & Sp/DP*	You & Children	All
KingCare (Aetna) Basic				
2001 (\$176.02 paid by county)	\$ 56.32	\$ 288.66	\$ 242.19	\$ 474.53
2002 (\$195.48 paid by county)	\$ 72.00	\$ 339.48	\$ 285.98	\$ 553.46
KingCare (Aetna) Preferred				
2001 (\$176.02 paid by county)	\$ 97.32	\$ 370.66	\$ 315.99	\$ 589.33
2002 (\$195.48 paid by county)	\$ 119.20	\$ 433.88	\$ 370.94	\$ 685.62
PacifiCare Choice				
2001 (\$176.02 paid by county)	\$ 78.02	\$ 332.04	\$ 281.27	\$ 535.30
2002 (\$195.48 paid by county)	\$ 86.66	\$ 368.77	\$ 312.39	\$ 594.51
PacifiCare HMO				
2001 (\$176.02 paid by county)	\$ 44.00	\$ 264.01	\$ 220.01	\$ 440.03
2002 (\$195.48 paid by county)	\$ 48.87	\$ 293.22	\$ 244.35	\$ 488.71
Virginia Mason/Group Health Alliant				
2001 (\$176.02 paid by county)	\$ 30.94	\$ 237.91	\$ 196.51	\$ 403.46
2002 (\$195.48 paid by county)	\$ 52.93	\$ 301.39	\$ 251.66	\$ 500.06

* Sp/DP = Spouse/Domestic Partner

† Dental

You must elect medical coverage to elect dental coverage -- you cannot elect dental coverage by itself. The coverage is provided through Washington Dental Service (WDS).

WDS increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). For major restorative services the payment level increases from 70% to 80%, then to 85%. If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
Annual deductible (doesn't apply to diagnostic and preventive services)	\$25/person, \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
Basic services (for example, fillings, crowns, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
Major services – restorative (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
Major services – prosthodontics (for example, dentures, implants, fixed bridges)	70%
Orthodontic services (for adults and children)	50%, up to a \$2,500 lifetime benefit maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
Other Services	
? Temporomandibular joint disorder (TMJ)	50%, up to a \$500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
? Nightguards	50%

† Monthly Cost of Dental

Washington Dental Service	You Only	You & Sp/DP*	You & Children	All
2001 (\$ 25.69 paid by county)	\$ 25.68	\$ 77.05	\$ 66.78	\$118.15
2002 (\$ 27.20 paid by county)	\$ 27.19	\$ 81.58	\$ 70.70	\$125.09

* Sp/DP = Spouse/Domestic Partner

† Vision

Vision coverage is provided through Vision Service Plan (VSP).

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts minus the \$10 copay ...
Exams (once every 12 months)	100%	Up to \$40
Lenses (1 pair every 12 months)		
? Single vision	100%	Up to \$40
? Bifocal	100%	Up to \$60
? Trifocal	100%	Up to \$80
? Lenticular	100%	Up to \$125
? Progressive	100%	Not covered
? Tints	100%	Up to \$5
? Coatings	100%	Not covered
Frames (once every 24 months)	100% (selected frames)	Up to \$45
Contacts (1 pair every 12 months in place of eyeglass lenses and frames)		
? Elective	100%, up to \$105	Up to \$105
? Medically necessary	100%	Up to \$210

† Monthly Cost of Vision

Vision Service Plan	You Only	You & Sp/DP*	You & Children	All
2001 (\$ 4.04 paid by county)	\$ 4.03	\$12.10	\$10.48	\$18.55
2002 (\$ 4.31 paid by county)	\$ 4.30	\$12.91	\$11.19	\$19.80

* Sp/DP = Spouse/Domestic Partner

† \$20,000 Basic Life Insurance for You

If you elect this coverage, you pay the monthly premiums based on your age. If you die for any reason, the beneficiaries you designate receive \$20,000.

You may elect this basic life insurance only when you first enroll for Plan 1 benefits or during special open enrollment periods (the next one is 2003 open enrollment for 2004). It becomes effective after you submit evidence of insurability and it's approved by the insurance company. You may drop coverage anytime.

† Monthly Cost of Basic Life

The monthly cost of basic life insurance is the same in 2001 and 2002.

Your Age	Cost
Under 25	\$ 1.00
25-29	\$ 1.20
30-34	\$ 1.60
35-39	\$ 1.60

Your Age	Cost
40-44	\$ 2.00
45-49	\$ 3.20
50-54	\$ 4.80
55-59	\$ 8.60

Your Age	Cost
60-64	\$ 13.20
65-69	\$ 25.40
70+	\$ 41.20

† Premium Payment Plan

The monthly cost of your Plan 1 benefits is divided in half and deducted from your two regular monthly paychecks. (When there are three paychecks in a month, no deductions are taken from the last one.) Your Plan 1 Benefits Election Form (page 19) lets you elect how you want deductions taken -- before or after federal income and Social Security taxes are withheld.

If you have deductions taken before-tax, this reduces your taxes but IRS restrictions apply:

- ? Any portion you pay to provide coverage to a domestic partner (DP) or DP's children is deducted after-tax
- ? You may not drop any coverage until the next open enrollment unless due to a qualifying change in status:
 - ? Death of a family member
 - ? Divorce or dissolution of a domestic partnership
 - ? Significant change in your spouse's or domestic partner's coverage due to his/her employment
- ? You must re-enroll for before-tax every year during open enrollment or you default to the after-tax plan.

If you pay premiums after-tax, you may drop coverage for yourself or a family member anytime.

† Insurance Beneficiaries

List the individuals who you want to receive your life benefits in the event of your death (page 20).

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent) their shares must add up to 100%.

If you're married and you do not choose to list your spouse as your only primary beneficiary, your spouse must sign the Spouse Waiver section.

† Benefit Eligible Family Members

To cover family members, list them on the Family Member Enrollment Form (page 21) and they'll receive the coverage you indicate on your Plan 1 Benefits Election form (page 19).

You may cover these family members under your benefit plans:

- ? Your spouse/domestic partner (Affidavit of Marriage/Domestic Partnership required, page 22)
- ? Unmarried children of you or your spouse/domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (Generally, that means you claim them on your federal tax returns. A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.)
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan.

A Benefit to Consider Within 30 Days of When Your Other Benefits Begin

† Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or FICA (Social Security) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

King County offers two types of FSAs:

- ? Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your health plans (for example, the cost of orthodontia not fully paid by your dental plan and copays for office visits).
- ? Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Because of the tax advantages available to you, the IRS limits how you can use FSAs and how much you can contribute:

- ? Under the county plan, the maximum that can be contributed to King County's Health Care FSA is \$3,000 per year. The maximum that can be contributed to a Dependent Care FSA is \$5,000 per year if married filing a joint return or head of household; \$2,500 if married filing separately. The minimum that can be contributed to either FSA is \$300 per year.
- ? Health Care and Dependent Care FSAs are separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.
- ? Expenses for certain eligible services incurred during the calendar year are reimbursed from an FSA. You have until March 31 of the following year to file reimbursement requests.
- ? You must use FSA money or you lose it. Any money left in an FSA that cannot be reimbursed is forfeited, so it's important to estimate annual expenses carefully before enrolling and set aside only as much as you expect to spend.
- ? You cannot use a Health Care FSA to pay expenses you claim as health care deductions on your income tax return.
- ? Each dollar of dependent care expenses reimbursed through a Dependent Care FSA reduces the amount you can apply toward the federal Dependent Care Tax Credit.
- ? FSA contributions may affect Social Security benefits. Because you and the county don't pay Social Security (FICA) taxes on the money you contribute, your future Social Security benefits may be reduced slightly.

If you decide to participate in the FSA program, you must enroll **within 30 days of when your other benefits begin**. Otherwise, you must wait for a qualifying event or the next open enrollment (you must reenroll each year at open enrollment to continue participating in FSAs).

For an FSA Guide with additional details and enrollment forms, check www.metrokc.gov/ohrm/benefits or contact Benefits & Well-Being.

Benefits to Consider at Your Convenience

When you're ready, you can take advantage of the other county benefit programs described in this section. For more details, check www.metrokc.gov/ohrm/benefits or contact the other resources listed in the Resource Directory.

† Deferred Compensation

The King County Deferred Compensation Plan (a 457 plan) is a voluntary supplemental retirement savings program that offers you a convenient way to build your savings for the future while enjoying current tax breaks. The plan allows you to defer a portion of your county pay to a variety of investment options before taxes are deducted. This reduces your taxable pay, providing an immediate tax advantage.

You may withdraw your money (in a lump sum, installment payments or an annuity payment) at retirement or when you leave employment with King County. Withdrawn funds are taxed, but ideally after you've retired and your income and tax liability are less!

For more information and to enroll, contact T. Rowe Price (the plan administrator). You can enroll any time after 60 days of employment.

† Making Life Easier Program

The Making Life Easier Program offers free and confidential personal counseling services (24 hours a day, seven days a week) to you, your dependent family members (whether home or away) and anyone living in your household:

- ? Up to eight personal counseling sessions with a professional counselor
- ? Advice on issues ranging from family relationships to substance abuse
- ? Credit and legal consultation, including up to 30 minutes of free consultation with an attorney
- ? Child care resource and referral
- ? Adult and elder care
- ? Health and wellness information.

† Home Mortgage Assistance

The Making Life Easier Program collaborates with a local mortgage company to offer you a range of homebuying services if you're purchasing and occupying a home within King County:

- ? Free home-buying classes
- ? Individual consultation
- ? Flexible loan qualifying standards
- ? Reduced loan fees (including no-fee loan approval and reduced closing costs)
- ? Expedited loan processing
- ? Extended hours of service.

† Mildly Ill Child Care

The Making Life Easier Program contracts with Virginia Mason's Tender Loving Care (TLC) Program to provide free child care for mildly ill children. For more information and to pre-register for the service (there's a nominal fee if you don't), contact TLC.

† Employee ID/Keycard/Bus Pass

If you're benefit-eligible, you receive a photo ID that can be used as a free bus pass on Metro, Pierce, Community and Sound Transit. The photo ID can also be programmed with keycard functions for access to certain county facilities. You receive your photo ID/keycard/bus pass when you qualify.

† Employee Transportation Program

The Employee Transportation Program offers a variety of programs in addition to your employee bus pass to help you get to and from work:

- ? Discounted ferry passes
- ? Vanpool subsidy
- ? Carpool, bike and walk incentives
- ? Ridematching services.

When you commute to work other than by driving alone in a car and an emergency arises (such as unscheduled overtime, an unexpected illness or a missed carpool or vanpool ride home), the Employee Transportation Program also provides a free taxicab ride home -- up to eight times per year -- through Home Free Guarantee.

† Credit Unions

There are two credit unions available to all King County employees:

- ? King County Credit Union
- ? MetroPacific Community Credit Union.

Resource Directory

Questions About ...	Contact ...
Plan 1, 2 or 3 Eligibility	Your Base Chief
General Benefits ? Health and life insurance plans ? PERS enrollment ? Flexible Spending Account enrollment ? Change forms ? Alternate formats	Benefits & Well-Being Yesler Building YES-HR-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* 1-800-325-6165 x41556* Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical ? Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.) ? Filing claims ? Other plan details (covered expenses, limitations, exclusions, preauthorization)	KingCare PO Box 91023, Seattle WA 98111-9123 Phone 1-800-654-3250* x77020 206-701-1100* E-mail kingcare@aetna.com Web www.kingcare.com Express Scripts mail order Rx for KingCare PO Box 52123, Phoenix AZ 85027-2123 Phone 1-888-201-5853* 1-800-296-2956* (refills) E-mail thru Web www.express-scripts.com PacifiCare PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web www.pacificare.com Prescription Solutions mail order Rx for PacifiCare PO Box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web www.pacificare.com Virginia Mason/Group Health Alliant PO Box 1207, Seattle WA 98111-1207 Phone 1-800-442-4038* E-mail info@ghc.org Web http://www.ghc.org/web/health_plans/alliantselect/index.jhtml
Dental ? Providers ? Filing claims ? Other plan details	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* 206-522-2300* E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Vision ? Providers ? Filing claims ? Other plan details	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195* E-mail thru Web www.vsp.com
Public Employees Retirement System (PERS) ? General information ? Beneficiary designation ? Beneficiary and address changes	Washington State Department of Retirement Systems PO Box 48380, Olympia WA 98504-8380 Phone 1-800-547-6657 360-664-4700 360-586-5450 (TTY) E-mail recep@drs.wa.gov Web www.wa.gov/drs/drs.html

* TTY 1-800-833-6388 (Washington Relay Service)

Questions About ...	Contact ...
Flexible Spending Account Processing ? Account balances ? Reimbursement	Associated Administrators Inc./AAI PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* Fax 1-800-879-8987 E-mail flex@aai-tpa.com
Deferred Compensation ? Enrollment ? Changes (beneficiaries, contributions, allocations, etc.) ? Quarterly work site seminars	T. Rowe Price PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
Counseling & Resource Referral ? Personal, family and work problems ? Financial and legal matters ? Child care, elder/adult care	Making Life Easier Phone 1-888-874-7290* (24 hours a day, seven days a week)
Mildly Ill Child Care	Virginia Mason's Tender Loving Care Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle WA 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
Mortgage Assistance	Home Mortgage Assistance Program Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage
Employee ID/Keycard/Bus Pass ? Department ID coordinators ? Replacements	Department of Construction and Facility Management Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104* Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
Employee Transportation Program ? Discounted ferry passes ? Vanpool subsidy ? Carpool, bike and walk incentives ? Ridematching services ? Home Free Guarantee ride home	Employee Transportation Program Yesler Building YES-TR-0600 400 Yesler Way, Seattle WA 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
Credit Unions	King County Credit Union Multiple locations Phone 1-800-248-6928* Web www.kccu.com MetroPacific Community Credit Union Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mpccu.org

* TTY 1-800-833-6388 (Washington Relay Service).



Plan 1 Benefits Election Form

Return to Benefits & Well-Being, Yesler Building YES-HR-0500,
400 Yesler Way, Seattle 98104-2683 **within 30 days of your hire date.**

Effective Date (Office Use Only)

Last Name _____ First _____ MI _____

Soc Sec No _____ PeopleSoft ID No _____

Birth Date _____ Gender ☐ M ☐ F Home Phone (_____) _____

Home Street Address _____ Apt No _____

City _____ State _____ ZIP _____

Home E-Mail _____ Work Phone (_____) _____

Transit Base/Mail Stop _____ Work Start Date _____

Washington State Retirement System ☐ I have never been enrolled ☐ I was previously enrolled in (plan) _____ ☐ I was previously enrolled and retired from (plan) _____

If you cover family members under any plan, list them on the Family Members Enrollment Form (page 21).

Sp = spouse, DP = domestic partner

† **Medical** *See pages 6-9.*

	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
<input type="checkbox"/> I decline medical coverage				
I elect KingCare (Aetna/Ethix) Basic for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect KingCare (Aetna/Ethix) Preferred for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect PacifiCare Choice for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect PacifiCare HMO for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect VM/GH Alliant for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† **Dental** *You must elect medical to elect dental. See page 10.*

	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
<input type="checkbox"/> I decline dental coverage				
I elect Washington Dental Service for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† **Vision** *See page 11.*

	Me Only	Sp/DP & Me	Child(ren) & Me	Sp/DP, Child(ren) & Me
<input type="checkbox"/> I decline vision coverage				
I elect Vision Service Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† **\$20,000 Basic Life Insurance** *See page 12. Designate your beneficiaries on page 20.*

- ☐ I decline basic \$20,000 life insurance for me
☐ I elect basic \$20,000 life insurance for me

† **Premium Payment Plan** *See page 12.*

- ☐ Before-Tax -- Deduct my Plan 1 premiums from my regular paycheck *before* taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner (DP) or DP's children generally must be deducted *after* taxes, per IRS regulations.
- ☐ After-Tax -- Deduct my Plan 1 premiums from my regular paycheck *after* taxes have been deducted.

This form supersedes all previously submitted forms. I have read and understand it and the additional materials describing my benefits. The information I have provided is true, correct and complete. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any coverage I have chosen from my paycheck. I understand the elections I have made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit a new enrollment form.

Employee Signature _____ Date Signed _____

Office Use Only: Reviewed _____ Data Entered _____ Audited _____

Insurance Beneficiary Designation

- ? If you elect basic life insurance for yourself, list your beneficiaries below.
- ? Designate your beneficiaries as primary or contingent. Contingent beneficiaries receive benefits if all your primary beneficiaries are not alive at the time of your death. If you don't designate primary or contingent, all beneficiaries listed are primary.
- ? Assign the percentage of your benefit you would like each beneficiary to receive. Percentages for all primary beneficiaries must total 100% and percentages for all contingent beneficiaries must total 100%. If you don't assign percentages, beneficiaries receive equal shares of your benefit.
- ? Copy and attach additional sheets as needed.

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	_____					<input type="checkbox"/>	<input type="checkbox"/>	_____

Spouse Waiver

See page 12.

I am the spouse of the employee who signed this form. As such, I understand that upon the death of my spouse, I may be entitled to receive a plan benefit. I understand that by signing this statement, I hereby consent to the designation of primary beneficiary(ies) above other than/in addition to myself and thereby waive my right to full payment upon the death of my spouse.

Spouse Signature _____

Date Signed _____

Printed Name _____

Employee Authorization

By signing and dating this form, I designate the above as my beneficiary(ies). I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This may mean legal expenses for beneficiary(ies) and possible delay in payment to them.

Signature _____ SSN _____ Date _____



Family Member Enrollment Form

Return to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle 98104-2683
with your election form if you wish to cover eligible family members under your plans.

- ? List eligible family members for coverage and provide all information for each family member. Please print.
- ? If you're covering a spouse or domestic partner complete the Affidavit of Marriage/Domestic Partnership, too.
- ? Copy and attach additional sheets if needed.

☐ Check this box if your spouse or domestic partner is also a King County employee.

1.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
2.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
3.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
4.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
5.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
6.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
7.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
8.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
9.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____
10.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date _____

This form supersedes all previously submitted forms. I have read and understand it and the additional materials describing benefit eligible family members. The information I have provided is true, correct and complete.

Employee Signature _____

Date Signed _____

Employee Social Security Number _____

Affidavit of Marriage/Domestic Partnership

Check all boxes that apply.

- ☐ Add my spouse or domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage or DPship, but do not add my spouse or DP for benefit coverage at this time.
- ☐ My spouse or DP is also a King County employee.

Check one of the following boxes and provide date.

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my DP (named below) and I began our DPship (date) _____ and we:
 - ? Share the same regular and permanent residence
 - ? Have a close personal relationship
 - ? Are jointly responsible for *basic living expenses**
 - ? Are not married to anyone
 - ? Are both 18 years of age or older
 - ? Are not related by blood closer than would bar marriage in the State of Washington
 - ? Were mentally competent to consent to contract when our domestic partnership began, and
 - ? Are each other's sole domestic partners and are responsible for each other's common welfare.

* *Basic living expenses means the cost of basic food, shelter and any other expenses of a DP paid at least in part by a program or benefit for which the partner qualified because of the DPship. The individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

Authorization

I understand this affidavit will no longer be effective if my spouse/DP dies or if there is a change of circumstances attested to in this affidavit.

I agree to notify Benefits & Well-Being or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 60 days of such change by filing a Statement of Termination of Marriage/DPship.

I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law.

We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee Signature _____

Date Signed _____

Employee Social Security Number _____

Spouse/DP Signature _____

Date Signed _____

Spouse/DP Printed Name _____